

Funding Opportunity Announcement (FOA)

PS17-1704: Comprehensive High-Impact HIV Prevention Projects for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color

Attachment D: HIV Testing Reporting Requirements

<p><u>Agency Information</u> Agency Name Agency ID Jurisdiction CBO Agency ID</p> <p><u>Site Information</u> Site ID Site Type Site County Site State Site Zip Code</p> <p><u>Client Characteristics</u> Year of Birth Ethnicity Race State of Residence Assigned Sex at Birth Current Gender Identity Client County of Residence Client Zip Code Client Behavioral Risk Profile Previous HIV Test Self-Reported HIV Test Result Pregnant (Only if female) In Prenatal Care (Only if pregnant) Behavioral risk factors</p>	<p><u>Intervention Characteristics</u> Intervention ID Form ID Session Date</p> <p><u>HIV Test Information</u> Program Announcement Number Test Technology HIV Test Election Sample Date Test Result Result Provided If Result Not Provided, Why? In Surveillance System or Records</p> <p><u>Referrals</u> Reason Client Not Referred to HIV Medical Care Referred to Medical Care Referred to Partner Services Referred to HIV Prevention Services Referral Outcome First HIV Medical Care Appointment within 90 Days of HIV Test Client Received Prevention Services Partner Services (PS) Interview Was the PS Interview within 30 Days of Receiving a Positive HIV Test Result? Housing status in past 12 months</p>
<p><u>Additional Required HIV Testing Variables</u></p>	
<p><u>Client Characteristics</u> Client Record Number Target Population High-Risk Client</p>	<p><u>Navigation and Prevention and Essential Support Services (NPESS)</u> NPESS for HIV-Positive Clients NPESS for High-Risk HIV-Negative Clients NPESS Required for All Clients</p>